



Denali Commission
510 L Street, Suite 410
Anchorage, AK 99501

907.271.1414 tel
907.271.1415 fax
888.480.4321 toll free
www.denali.gov

Denali Training Fund Quarterly Progress Report

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

Name of Organization: Haines Assisted Living, Inc.	
Name of Project: Certified Nurse's Aid Training/Model Residence Training	
Reporting Period: 4/1/2009 to 6/30/2009	
Contact Person: Vince Hansen	
Contact Number: 766-3616	Email Address: halinen@aptalaska.net
Expenditures to date: \$55,670.00	
Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.	
Signed by: <u>James M. Stedley</u> Dated <u>7-09-09</u>	

1. In a few sentences, please describe the scope of your project:

Planned facility administrator will complete Certified Nurse's Aid course and obtain State licensing. This will help prepare the administrator to provide the necessary services to residents and to oversee staff at the facility. Administrator and Universal Workers will be trained in specialized job skills in preparation for hire at facility opening.

2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable)

Course details and logistics were completed. Administrator completed training at Elite Care facility. Completed orientation to nursing systems, assessment, policies/procedure, activities, budgeting, supplies, resident tracking system, accountability, staffing, scheduling and job shadowing at Oatfield site. Recruited for Chef and PA positions. All four enrolled and completed their training successfully.

3. Scheduled Project Activities/Important Dates for next quarter:

Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc.

Training project completed.

4. a. How many are in your training program during this reporting period?

Five

b. How many people have been trained and/or certified to date from this grant?

Five

(Please complete form below.)

5. Please list complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

Community where trainee lives	Type of Training/Service	Type of Certification to be earned/earned	Dates of training	Graduation Date	Employment commitment after training is complete
Haines	Administrator /Model Residence Training	Completion certificate demonstrating competency	3/23-4/17/09	4/17/09 (completed)	Hired as HAL Residence Administrator
Haines	Chef/ Model residence training	Completion/ competency certificate	Assessed in April. Training started 5/18/09	6/5/09 (completed)	Will be offered position once residence opens in September.
Haines	PA/ Model residence training	Completion competency certificate	Assessed in April. Training started 5/18/09	6/5/09 (completed)	Will be offered position once residence opens in September.
Haines	PA/ Model residence training	Completion competency certificate	Assessed in May. Training started 6/9/09	6/26/09 (completed)	Will be offered position once residence opens in September.
Haines	PA/ Model residence training	Completion competency certificate	Assessed in May. Training started 6/9/09	6/26/09 (completed)	Will be offered position once residence opens in September.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the

reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope?

Project has proceeded according to plan. Administrator, Chef and PA training have each completed on schedule. No changes to project scope are requested. We are under budget on travel expenses due to bargain on lodging at facility and reduction in use of rental car. We have exceeded planned matching costs in personal services and training costs. We have requested a shift of excess travel funds to cover additional portion of training (contractual) expenses. Schedule for residence opening is planned for September 15.

Please provide an explanation to this change and your resolution to the variance.

7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc)

State and course standards were previously established. These have been met and exceeded by the trainee.

Phase II of project is also complete. Each component is evaluated and reviewed by training entity as training progresses. Training entity has provided certification of competency attainment and, bottom line, has stated that they would hire any of these trainees themselves if given the opportunity.

8. Please identify areas that we can assist you in the future.

All continues on track. We very much appreciate the assistance provided. We simply would not have been prepared to open with qualified staff without this training opportunity.

MODEL RESIDENCE TRAINING
ELITE CARE
APRIL 1 thru JUNE 30, 2009 REPORT



(Administrator, Vince Hansen, Training – Classroom Component)



(Resident Board of Directors Meeting)



(Planting Activity, Marion Kinter)



(Resident transfer/mobility assist, Carol Tuynman & Marion Kinter)



(Main garden activity, Debra Lofton)



(Med passing training, Christal Verhamme)